FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

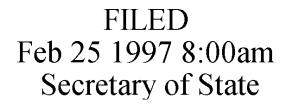
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S95579

(6)

LIVE A LEGEND, INC.

Mailing Address





Principal Plac	e of Business	Mailing Ado	Mailing Address P.O. 80X 660-0656 MIAMI SPRINGS FL 33206				* 1990 000 100 100 50191 100 60218 100 60219 000 60219 000 000 000			
P.O. BOX 660-0 MIAMI SPRINGS	0656 5 Fl 33206									
							3. Date Incorporated or Qualified 11/21/1991		te of Last	Report
2. Principal P	Place of Business	2a. Mailing	Address				4. FEI Number	······································	Į.	Applied For
21		26					NOT APPLICABLE		l l	Not Applicable
Suite, Apt 22	#, etc	1	ot #, etc.				5, Certificate of Status Desired			Additional Required
City & Stat	to	27 City & S	tale				6. Election Campaign Financing			May Be
23	•••	28					Trust Fund Contribution			ito Fees
Zip	Country	Zip			intry		B. This corporation has liability for i	ntangible 1	ax under	s. 199.032,
24	25	29		30] No	
	9. Name and Address of Cu	rrent Registered Ag	ent				10. Name and Address of New Re	gistered A	gent	
SPE	RKACZ, ZORIAN				81	Name				
	IZOLI, WASSENBERG & SPEF	RKACZ, P.A.			62	Street Add	iress (P.O. Box Number is Not Acceptab	leì		
	MARY ST					4. 22(1.101		,		
- MIAN	MI FL 33133				63					
					84	City			85 Z ₁	Code
•					"	Oity		FL	100	, 0000
agent. Fa	arm farmiliar with, and accept the o						ation's board of directors. I hereby acception when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D		DELETE	1.1 TI	TLE				Change	Addition
NAME	GREEN, VERNON			1.2 N	AME					
STREET ADORESS	5400 NW 36 ST			1.3 \$	TREET	ADDRESS				
C(1)Y - S1 - 7(P)	MIAMI FL				TY-S	T-ZIP	·			1 1 1 1 1 1 1 1
THLE		Ļ	DELETE	2.1 T					Change	Addition
NAME				2.2 N	AME					
STREET ADDRESS						ADDRESS				
C-TY+S1-ZIP			T OF CIT	*********		5T-ZIP			Change	Addition
THEF		L	DELETE	3.1 Ti		ļ			L Change	L Addition
NAME				3.2 N		1000500				
STREET ADDRESS						ADDRESS				
CiTY+S1-7iP TiTLE			DELETE	417		ST-ZIP			Change	Addition
NAME		`		4 2 1						
STREET ADDRESS						ADDRESS				
				- 1		T-ZIP				
CHY-SI-ZIP THEE		·	DELETE	5.1 T		Ln			Change	Addition
NAME		•		5.2 N						•
STREET ADDRESS						ADDRESS				
CITY+S1+ZIP						T - ZIP				
**************************************			DELETE	6.1 T					Change	Addition
NAV:				6.2 N		1			•	
STREET ADDRESS						ADDRESS				
CITY-S1-ZiP		_				T- Z IP			•	
4.4 4 4 4		√ >	· ··· · · · · · · · · · · · · · · · ·	U. 7 U			41: 0 - 11: 440 07/0V/) Paris Otal 4:	L F . Ch		- 1 11

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual report or I am an officer or director of the corporation of appears in Block 12 or Block 13 if changed. attachment with an address.

SIGNATURE